

<http://occupations.ky.gov/occupationaltherapy/index.htm>

APPLICATION FOR LICENSURE AS AN OCCUPATIONAL THERAPIST

Date Issued: _____

8. Have you ever been licensed as an occupational therapist in any state? Yes _____ No _____.

If you answered "yes" to the previous question, please list these licenses below:

STATE	LICENSE NUMBER	EFFECTIVE DATES THROUGH
_____	_____	_____
_____	_____	_____

If there are additional licenses besides those listed above, please attach an additional sheet containing this information.

9. Have you ever been subjected to disciplinary action by a state licensure board, by NBCOT or by the AOTA Standards & Ethics Commission? Yes _____ No _____. If yes, attach explanation.

10a. Is your license as an occupational therapist currently under disciplinary review in another state? Yes _____ No _____.

10b. Have you ever had an application for licensure as an occupational therapist rejected? Yes _____ No _____.

If the answer to question 10a. or 10b. is "yes," attach a full explanation.

11. ACOTE Accredited Educational Program: Degree or Diploma That Qualifies Applicant

Name of School	City & State	Dates Attended	Type of Degree or Diploma
_____	_____	_____	_____

EDUCATION: Fieldwork Experiences: Is 24 weeks of Level II Fieldwork posted on your transcript? Yes _____ No _____. If no, attach documentation.

12. Employment history as an occupational therapist. Begin with current or proposed employment and account for all time.

	FACILITY	CITY, STATE	DATES OF EMPLOYMENT	POSITION	WORK PHONE NUMBER
PROPOSED:	_____	_____	_____	_____	_____
PRESENT:	_____	_____	_____	_____	_____
PAST:	_____	_____	_____	_____	_____

If additional space is needed, please attach a separate sheet containing that information.

APPLICANT'S AFFIDAVIT

I, the applicant named in the above, do hereby certify under penalty of law that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license revoked by the Kentucky Board of Licensure for Occupational Therapy.

DATE _____ APPLICANT'S SIGNATURE _____